Australian College of Neonatal Nurses Incorporated (INC1300211)

Holistic Assessment Tool

Proficient Level (2025)

Australian College of Neonatal Nurses Incorporated (INC1300211) *Holistic Assessment Tool for Proficient Neonatal Nurses 2025



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Version Control

The ACNN Holistic Assessment Tool – Proficient

The ACNN (INC1300211) Holistic Assessment Tool – Proficient will remain current until 2030 (5 years) or earlier when modifications are required.

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Novice – advanced beginner in neonatal nursing

At novice level, a neonatal nurse has had little experience with situations at hand in the NICU/SCU. They may struggle with deciding which tasks are most relevant and have an inability to use discretionary judgement. As the neonatal novice gains knowledge, they move into an advanced beginner stage where they are able to draw on enough situational experience that they can identify patterns and responses. At this stage, the neonatal nurse is still focused on rules and guidelines that have been taught and is reliant on support from mentors/colleagues.

Use of the holistic assessment tool – Proficient level

A holistic approach to assessing nurse knowledge and performance involves observing the neonatal nurse's overall role performance. This includes observing and assessing their communication, ethics, technical skills, cultural awareness, attitudes, knowledge, professional behaviors, clinical decision making, and critical thinking.

As an assessment of practice, assessors must, therefore, carry out the observation in the context of the neonatal nurse's interactions with infants and families. This method is useful in determining the nurse's skills, knowledge, values and attributes within their practice.

An holistic assessment of practice is a valid model of measuring core skills and competencies, but should be conducted via a collaborative relationship between neonatal nurse and the assessor. This ensures mutual understanding of the process, and helps the neonatal nurse feel confident in the process and its purpose.

During the assessment, the assessor uses their knowledge and professional judgement, drawing inferences and tacit awareness to form conclusions about the neonatal nurse's practice.

Therefore, use of this tool requires sufficient duration of observation in the nurse's usual clinical context to achieve a reliable assessment.

At the conclusion of the observation period, an essential component of the assessment is the reflection process. Assessor and neonatal nurse discuss the observation, performance, strengths and developing skills/knowledge to provide guidance on further development.

Proficient level Holistic Assessment (example)

Neonatal nurse's name:_____ Date:_____

General Allocated Patient Information (example)

Anna was allocated 1 patient in Room 2.

The infant was born at 26 weeks gestation to a 41 yr old Aboriginal woman, G8 P1, after PET, placental insufficiency and poor foetal growth. BW 540g. Apgars 2, 4 & 7. The male infant is now 2 days old and is being managed using mechanical ventilation requiring 54% Fi02. He is receiving TPN/lipids and is minimal enteral feeds. Medications are morphine, caffeine, and probiotics. His mother has just been transferred to the postnatal ward after 36hrs of close observation in Birth Suite due to BP instability. She has just begun expressing regularly today. The infant's father is a Caucasian man who is frequently present but seems 'shell-shocked' and unable to fully engage with neonatal staff.

Standard 1: Thinks critically and analyses nursing practice

1.3 Proficient – 2 to 3 years

1.3.1 Applies best available evidence to decision-making throughout nursing care provision.
1.3.2 Utilises critical reflection on experience, knowledge, actions and beliefs to shape and improve practice.

Supporting evidence (example)

During handover, Anna was able to systematically and critically assess the situation to prioritise her care activities. She gently involved the father (who was present) in her assessment, by asking questions about his plans for the day, and about mother's health status while also discussing her observations of the infant.

She demonstrated approachability, honesty and transparency in her communication with the father and mother. Anna demonstrated cultural awareness and sensitivity by asking the infant's mother about her social, emotional and healthcare needs in relation to her Aboriginal identity. Anna identified that the mother comes from a large family from a rural area and could explain importance of connection to country for Aboriginal families.

Anna ensured that contact had been made with the Aboriginal Liaison Officer as per mother's request and factored in actions to promote and recognise the infant's cultural background – Indigenous print crib cover, and Aboriginal cot card.

At the completion of the assessment, Anna could reflect on her care provision and identify aspects of neonatal care she was challenged by. She demonstrated good insight into her own opinions and experiences and identified plans to explore her thoughts and feelings on those challenges to improve her practice into the future.

Standard 2: Engages in therapeutic and professional relationships

2.3 Proficient – 2 to 3 years

2.3.1 Appraises the need for family support and identifies resources within the neonatal unit or via consumer groups that can be offered.
2.3.2. Initiates referrals for, liaises, and communicates effectively with other departments and colleagues that contribute to comprehensive care of the neonate and their family.
2.3.3 Effectively and ably mentors colleagues, undergraduate and new graduate students to mutually develop and nurture leadership skills, professional growth and trusting relationships.
2.3.4 Role models expected nursing and professional behaviours and practices in developing trusting relationships with families and colleagues.
2.3.5 Appraises, reflects and monitors own emotional response to interaction and uses this to nurture therapeutic relationships with the family.

Supporting evidence

At the commencement of the shift, Anna introduced herself to the infant's father who was present and began to establish rapport. She quickly identified that he was overwhelmed with the lead up to the birth of the infant, the admission to the NICU, the infant's prematurity and size, as well as his wife's condition post-birth. Anna spoke quietly and calmly, and after listening to his thoughts/feelings, offered to engage with the social worker for support and planning for next few days. She also discussed with the father the importance of family support, and other available staff / organisations who can offer help in the situation and made plans to engage with them on his behalf.

Anna was later able to articulate why these actions were vitally important, and potential effects for both infant and family in nurturing them and ensuring supportive care.

Anna built an open and transparent relationship with both mother and father, although maintained professional boundaries at all times. At the conclusion of the assessment, Anna demonstrated her awareness of how important it is for nurses to manage their own self-care, recognising the emotional burden that can be felt in providing supportive care to families in crisis. She talked about her own strategies in debriefing, unwinding and engagement with Clinical Supervision.

Standard 3: Maintains capability for practice

3.3 Proficient – 2 to 3 years

3.3.1 Engages with professional bodies via membership and actively promotes formal and informal educational opportunities to nursing colleagues.
3.3.2 Contributes to the appraisal and critique of governing documents that are relevant to neonatal care, including evidence-based clinical guidelines, policies and procedures.
3.3.3 Serves as a preceptor/mentor in supporting novice and advanced beginner level colleagues to develop further knowledge and skill acquisition.
3.3.4 Monitors own emotional response and uses self-care strategies to maintain safe practice.

Supporting evidence

Throughout the assessment, Anna self-reflected and comprehensively outlined her perceived strengths and weaknesses working in neonatal nursing. She has recently begun presenting education sessions at in-service and has plans to submit an abstract to the in-house annual conference. Anna attends in-service sessions regularly and promotes upcoming topics with junior staff and nursing students, encouraging them to make the time to engage in learning.

Anna frequently mentors nursing students on placement and has been buddied with a New Graduate RN this year as well. She describes the experience as a learning opportunity of her own, working out ways of connecting and teaching at the bedside and fine-tuning he education skills.

Anna also discussed a clinical guideline she co-authored with the Nurse Educator on developmental nursing care practices. This was as a result of completing FINE 2 training and Anna saw the opportunity as a way to help other develop improved knowledge.

Throughout the assessment, Anna was conscious of her emotional reactions and responses to the family in her care who were operating in crisis-mode. She discussed her skills in building rapport, listening and creating a space families could feel safe to express their fears and anxieties but remaining professional at the same time.

Standard 4: Comprehensively conducts assessments

4.3 Proficient – 3 to 4 years

4.3.1 Assesses and maintains an age-appropriate and neurodevelopmentally supportive environment
4.3.2 Appraises families for readiness for transition to home/ongoing care to inform discharge planning choices.

Supporting evidence

Anna used a variety of developmental care strategies at the bedside to appropriately position and interact with the infant throughout her shift. These included safe muted lighting for sleep times, reduced ambient noise levels (reduced alarm sound levels), preservation of uninterrupted quiet time and paying close attention to infant stress cues, providing supportive measures throughout handling.

While this infant was only Day 2, Anna acknowledged that planning for discharge begins from admission. Some of the first steps that Anna identified were parent education on completing care activities, understanding their infant's cues, and empowering parents to advocate for their infant as well as themselves.

Anna was very skilled in her knowledge and understanding of neurodevelopmental care principles and interventions, having completed FINE 2 training recently. She introduced the parents to the concept of reading stories to their infant and sourced a storybook for them to begin with.

Standard 5: Develops a plan for nursing practice

5.3 Proficient – 3 to 4 years

5.3.1 Supervises and mentors colleagues to critically appraise and make adaptations to plan of care to facilitate priorities being met.
5.3.2 Appraises plan of care with the family to actively facilitate the family transition to the role of primary caregiver.
5.3.3 Actively engages with the multidisciplinary team to advocate for the neonate and their family throughout care delivery.

Supporting evidence

Anna engaged with the infant's parents to gently begin to consider care activities they could participate in. She then explained to them how to take an axilla temperature on their infant, acknowledging their fears and anxieties in touching such a tiny infant, but supporting and encouraging them throughout. Once complete, explaining the benefits of reading and singing to their preterm infant helped the parents connect and engage with him.

Anna identified early in her shift that the infant's family had a different cultural background from other families and required an approach that sensitively took into account different individualised needs. Sharing this information with colleagues in the multidisciplinary team allowed them to approach the family with an holistic view and better support them through the NICU journey.

Standard 6: Provides safe, appropriate, and responsive quality nursing practice

6.3 Proficient – 3 to 4 years

6.3.1 Communicates effectively with families and colleagues to ensure safe, appropriate and responsive caregiving. Depending on scope of practice and/or neonates' condition, this may include either delegation or escalation of care.
6.3.2 Facilitates transition of care and related activities to parent, acknowledging their role as primary caregiver and encouraging autonomous care for their infant.
6.3.3 Incorporates changes in clinical condition, family choices or decisions from visiting teams into nursing care, demonstrating professional flexibility and responsiveness.
6.3.4 Acknowledges and can describe emotional and traumatic impact on families whose infant is receiving neonatal care and can identify signs and symptoms associated. Identifies available support services, both in-hospital and outpatient, and arranges connection to these for families.
6.3.5 Considers ethical implications of all clinical care activities and how these affect the wellbeing of infants, families and clinical staff.

Supporting evidence

Anna continuously referred to the infant as 'your baby' when discussing care with parents. She gently encouraged them to provide positive touch to their infant and talked with them about positive benefits of reading and talking to him. In this way, Anna acknowledged their role as parents and began the transition of care activities to them. Later during the assessment, Anna comprehensively described the emotional and psychological impact on families of having an infant in the NICU. She was able to outline short and long-term impacts, and services that might be utilised in supporting them through the admission and beyond. Anna made particular note of the traumatic impact of observing painful procedures for NICU parents, and the ethical considerations around this.

Anna displayed appropriate flexibility and responsiveness when the parents indicated they would like to have a community Elder visit their infant and conduct a small cultural ceremony at the bedside.

Standard 7: Evaluates outcomes to inform practice

7.3 Proficient – 2 to 3 years

7.3.1 Appraises and critiques neonatal outcomes using clinical assessment and care pathways.
7.3.2 Evaluates the family's transition to primary caregivers and adapts plans of care to further support them in their role.
7.3.3 Appraises and adapts plans of care to support the family and promote the parental role throughout the redirection of care, promoting a positive end of life experience that meets the family's cultural, spiritual and parental identity needs.

Supporting evidence

Anna consistently evaluated the infant and his response to her care activities. When she needed to change her actions or adapt them after input from family or other health professionals, Anna quickly and efficiently incorporated adjustments into her plan of care. This demonstrated professional flexibility.

Even though Anna's patient was only day 2 of life, commencing parent education in a gentle and encouraging manner was important in her plan of care for the day. Anna demonstrated understanding that parent engagement and preparedness for the care of their infant is critical to ongoing infant management. Anna began documenting the skills and activities that parents had begun to be involved with which is important for ensuring family education progression and transfer of this information in nurse-to-nurse handover. It also assists in provision of a variety of supports to help families begin to transition to assuming full care of their infant.

Outcome (tick one):

Meets expected standards ☐

Working towards expected standards ☐

Assessor's name:_____ Date:_____

Assessor's signature:_____

Collaborative discussion and feedback / strengths and areas to improve/ development plan:

Anna demonstrated finely tuned skills and comprehensive knowledge. Her time management is excellent, prioritisation skills are sound, and her communication and engagement with families is both compassionate and skilled. Anna has great self-reflective skills and she readily identifies her clinical strengths as well as aspects of her care she would like to understand more on – post-surgical pain and early feeding in extreme preterms. Anna can easily identify where she will seek out this knowledge, and discussed her consultation of research literature to round out her knowledge and skill.